

3 5M 8-10-35

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Miami

County Gila

No. St.

(Registration District)

SEX OF CHILD*	Twin Triplet or other?	and	Number* in order of birth
Female			

I HEREBY CERTIFY that the child described herein has
been named

DATE OF BIRTH* Feb. 27 - 1923, 193
(Month) (Day) (Year)

Soledad Dominguez

(Give name in full)

(Surname)

FULL* FATHER
NAME Tomas Dominguez

Tomas Dominguez
(Parent's Signature)

FULL* MOTHER
NAME Soledad Pichardo

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar

Form X

249-227-276